PTO/SB/82 (01-06)
Approved for use through 12/31/2006, OMB 0651-0335
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respon

## **REVOCATION OF POWER OF** ATTORNEY WITH **NEW POWER OF ATTORNEY** AND

CHANGE OF CORRESPONDENCE ADDRESS

Application Number 10/549,401 Filing Date September 13, 2005 First Named Inventor **Brian Daniels** Art Unit 1742 **Examiner Name** Sikyin iP Attorney Docket Number

The address associated with Customer Number:  OR  Firm or Individual Name Address  City State Zip  Country  Telephone Email  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTC/SB/96)  Signature  Signature  Shannon M. Votaya					,	oy occirc.	radifibei į	N000	/0U4   . /	0974 -4015
OR  ✓ I hereby appoint the practitioners associated with the Customer Number:  ✓ Please change the correspondence address for the above-identified application to:  ✓ The address associated with Customer Number:  ✓ Response State Stat	I hereby re	voke ali pr	evious powers of	attornev given	in the a	above-id	entified ap	oila	ation.	
I hereby appoint the practitioners associated with the Customer Number: 62993   Please change the correspondence address for the above-identified application to:   The address associated with Customer Number: 62993   OR   Firm or Individual Name   Address   I am the:   I am the:   I am the:   Applicant/Inventor.   Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)   Signature   Shannon M. Votaya   Talenters	A Pov	ver of Attorn	ey is submitted he	rewith.						
Please change the correspondence address for the above-identified application to:  The address associated with Customer Number:  Registration or Individual Name Address  City  Country  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Name Shannon M. Votaya  Statement under 37 CFR 3.73(b) Is enclosed.	OR									
The address associated with Customer Number:  OR  Firm or Individual Name Address  City  State  Zip  Country  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SiGNATURE of Applicant or Assignee of Record  Signature  Name Shannon M. Votaya	I hereby appoint the practitioners associated				h the Customer Number:				6	2993
Customer Number: 62993  OR  Firm or Individual Name Address  City State Zip  Country  Telephone Email  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Name Shannon M. Votaya				ddress for the a	bove-id	dentified a	pplication	to:		
Firm or Individual Name Address  City State Zip  Country  Telephone Email  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SiGNATURE of Applicant or Assignee of Record  Signature  Name Shannon M. Votaya					62993					
City State Zip  Country  Telephone Email  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTC/SB/96)  Signature Shannon M. Votaya  Date  Page 1	OR					······································				
City State Zip  Country  Telephone Email  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Name Shannon M. Votaya										
Telephone Email  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Name Shannon M. Votaya	Address			-20-2		· · · · · · · · · · · · · · · · · · ·		MINING COMP CANCEL		
Telephone Email  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature Signature Shannon M. Votaya	City				State				Zip	
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Name Shannon M. Votaya										
Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Name  Shannon M. Votaya	Telephone				ŀ	Email				
Signature Shannon M. Votaya  Date  Talanhara	App Ass	ignee of rec	ord of the entire into	erest. See 37 CF enclosed. (Forn	R 3.71	l. SB/96)				
Name Shannon M. Votaya	SIGNATURE of Applicant or Assignee of Record									
Data Talashara 1	***********		<u> </u>		·····					
Date /0/1/07 Telephone 509-252-2145	Name	Shannon M. \	/otaya		· · · · · · · · · · · · · · · · · · ·					VIV. 100 - 1
	Date	10/11	<i>0</i> :71.		_1	·	ł			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	signature is requ	ired, see below".	lors or assignees of record	of the entire interest or	their repr	esentative(s)	are required. So	ubmit i	multiple	forms if more than one

This collection of information is required by 37 CFR 1:36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1:11 and 1:14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,